

MAY 20 2004

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6600 Sears Tower, Chicago, Illinois 60606-6473 • (312) 258-5500
Facsimile (312) 258-5600ATTORNEY NO.: 1905
CLIENT/MATTER NO.: 22625-0020
DATE: May 20, 2004

FACSIMILE TRANSMITTAL SHEET

TO THE FOLLOWING:

Name	Company	Fax Number	Phone Number
Examiner Paulos M. Natnael	U.S. Patent & Trademark Office	703/872-9314	

FROM: Trevor B. Joike DIRECT DIAL NO.: (312) 258-5774

Transmission consists of cover sheet plus 13 page(s).

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COMMENTS:

If the Amendment places the application in condition for allowance, please enter it. Otherwise, please call me at 630/258-5774.

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SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of: Mark Fimoff

CONF. NO.: 9117

Serial No.: 09/804,262

GROUP ART UNIT: 2614

Filed: March 13, 2001

EXAMINER: P. Natnael

For: MAPPING ARRANGEMENT FOR DIGITAL COMMUNICATION SYSTEM

AMENDMENT RESPONSIVE TO 04/22/04 OFFICE ACTION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*24	MINUS	101	X 0	() X 9.00 () X 18.00	\$.00
INDEP. CLAIMS	* 4	MINUS	9	X 0	() X 42.00 () X 84.00	\$
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 28574)

BY: Trevor B. Joke (25,542)

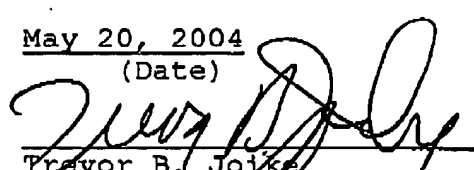
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Trevor B. Joke
NAME OF APPLICANT'S ATTORNEY
SIGNATURE
May 20, 2004
DATE

CHI\4065280.1

MAY 20 2004

OFFICIAL**PATENT****IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

Applicant: Mark Fimoff	)	I hereby certify that this
	)	paper is being transmitted
Serial No.: 09/804,262	)	by facsimile to:
	)	Commissioner for Patents
Filed: March 13, 2001	)	P.O. Box 1450, Alexandria,
	)	VA 22313-1450 - Fax No.
For: MAPPING ARRANGEMENT	)	703/872-9314 on this date:
FOR DIGITAL COMMUNICATION)	
SYSTEM	)	<u>May 20, 2004</u>
	)	(Date)
Art Unit: 2614)	
	)	Trevor B. Joike
Examiner: P. Natnael)	Reg. No. 25,542
)	Attorney for Applicants
Attorney Docket Ref.: 7174B)	
)	
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)	
)	
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AMENDMENT RESPONSIVE TO 04/22/04 OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTION

Claims 78-101 remain in the application.

Claims 78-101 are rejected.